

B201 (12/08)

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Keramidas, Gus V & Keramidas, Vivian**  
Printed Name(s) of Debtor(s)

**X /s/ Gus V Keramidas**  
Signature of Debtor

**9/01/2009**  
Date

Case No. (if known) \_\_\_\_\_

**X /s/ Vivian Keramidas**  
Signature of Joint Debtor (if any)

**9/01/2009**  
Date

United States Bankruptcy Court Northern District of Illinois						Voluntary Petition																				
Name of Debtor (if individual, enter Last, First, Middle): <b>Keramidas, Gus V</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Keramidas, Vivian</b>																						
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																						
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>3955</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>6711</b>																						
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>42 W Mundhank Road</b> <b>South Barrington, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>42 W Mundhank Road</b> <b>South Barrington, IL</b>																						
ZIPCODE <b>60010</b>				ZIPCODE <b>60010</b>																						
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business: <b>Cook</b>																						
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																						
ZIPCODE				ZIPCODE																						
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE																						
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.																						
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																						
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000- 5,000</td><td>5,001- 10,000</td><td>10,001- 25,000</td><td>25,001- 50,000</td><td>50,001- 100,000</td><td>Over 100,000</td></tr></table>								<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000			10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000															
Estimated Assets <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																	
Estimated Liabilities <table border="0"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																	

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Keramidas, Gus V &amp; Keramidas, Vivian</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<div style="text-align: center;"><b>Exhibit A</b></div> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<div style="text-align: center;"><b>Exhibit B</b></div> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span style="font-size: 2em; font-weight: bold;">X</span> <div style="border-top: 1px solid black; width: 80%;"></div> <div style="border-top: 1px solid black; width: 15%; text-align: center;">Date</div> </div> <div style="font-size: 0.8em; margin-top: 5px;">                         Signature of Attorney for Debtor(s)                     </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="margin-left: 40px;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="text-align: center; font-size: 0.8em;">(Name of landlord or lessor that obtained judgment)</div> <div style="border-bottom: 1px solid black; width: 80%; margin-top: 10px;"></div> <div style="text-align: center; font-size: 0.8em;">(Address of landlord or lessor)</div> </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Keramidas, Gus V & Keramidas, Vivian**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Gus V Keramidas**

Signature of Debtor

**Gus V Keramidas**

**X /s/ Vivian Keramidas**

Signature of Joint Debtor

**Vivian Keramidas**

Telephone Number (If not represented by attorney)

**September 1, 2009**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X /s/ John E. Gierum**

Signature of Attorney for Debtor(s)

**John E. Gierum 0951803  
Gierum & Mantas  
9700 West Higgins Road Suite 1015  
Rosemont, IL 60018**

**john@gierummantas.com**

**September 1, 2009**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Keramidas, Gus V

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Gus V Keramidas

Date: September 1, 2009

IN RE:

Keramidas, Vivian

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Vivian Keramidas

Date: September 1, 2009

IN RE:

Case No. \_\_\_\_\_

**Keramidas, Gus V & Keramidas, Vivian**

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 938,010.44		
B - Personal Property	Yes	3	\$ 150,854.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 1,145,824.80	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 63,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	24		\$ 182,408.85	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	3			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,800.06
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,948.00
TOTAL		39	\$ 1,088,864.44	\$ 1,391,233.65	

IN RE:

Case No. \_\_\_\_\_

Keramidas, Gus V & Keramidas, Vivian

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
<b>TOTAL</b>	\$

**State the following:**

Average Income (from Schedule I, Line 16)	\$
Average Expenses (from Schedule J, Line 18)	\$
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$
4. Total from Schedule F		\$
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$



SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		checking account	J	50.00
		checking account at Harris Bank - account frozen due to citation to discover asset to 3rd party - balance \$1069 frozen .	J	1,069.00
		joint checking account with daughter at Harris bank frozen due to citation to discover asset to 3rd party - balance of \$110 frozen.	J	110.00
		Overdraft protection account at Harris Bank is frozen due to citation to discover asset to 3rd party - balance of \$200 frozen.	J	200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		normal household goods and related	J	2,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		normal wardrobes and related	J	300.00
7. Furs and jewelry.		watches & wedding rings	J	500.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Whole life insurance policy with cash value of \$1300.	J	1,300.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401k IRA	W H	117,000.00 2,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

IN RE Keramidas, Gus V &amp; Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2004 Lexus 330</b>	<b>J</b>	<b>8,225.00</b>
		<b>2005 VW Jetta</b>	<b>J</b>	<b>6,000.00</b>
		<b>2006 Subaru WRX - cosigned for son and son makes payment</b>	<b>J</b>	<b>11,600.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals. 32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X X	<b>Timeshare located at Fox River Resort, IL</b>	<b>J</b>	<b>unknown</b>
<b>TOTAL</b>				<b>150,854.00</b>

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE A - REAL PROPERTY</u></b>			
Residence located at 42 W. Mundhank Rd., South Barrington, IL	735 ILCS 5 §12-901	30,000.00	555,000.00
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
checking account	735 ILCS 5 §12-1001(b)	50.00	50.00
checking account at Harris Bank - account frozen due to citation to discover asset to 3rd party - balance \$1069 frozen .	735 ILCS 5 §12-1001(b)	1,069.00	1,069.00
joint checking account with daughter at Harris bank frozen due to citation to discover asset to 3rd party - balance of \$110 frozen.	735 ILCS 5 §12-1001(b)	110.00	110.00
Overdraft protection account at Harris Bank is frozen due to citation to discover asset to 3rd party - balance of \$200 frozen.	735 ILCS 5 §12-1001(b)	200.00	200.00
normal household goods and related	735 ILCS 5 §12-1001(b)	2,500.00	2,500.00
normal wardrobes and related	735 ILCS 5 §12-1001(a)	300.00	300.00
watches & wedding rings	735 ILCS 5 §12-1001(b)	500.00	500.00
Whole life insurance policy with cash value of \$1300.	735 ILCS 5 §12-1001(h)(3)	1,300.00	1,300.00
401k	735 ILCS 5 §12-1006(a)	117,000.00	117,000.00
IRA	735 ILCS 5 §12-1006(a)	2,000.00	2,000.00
2004 Lexus 330	735 ILCS 5 §12-1001(c)	4,800.00	8,225.00
	735 ILCS 5 §12-1001(b)	3,425.00	
2005 VW Jetta	735 ILCS 5 §12-1001(b)	146.00	6,000.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>6470022576086</b> <b>American Home Mtg Svci</b> <b>10440 Little Patuxent Parkway</b> <b>Columbia, MD 21044</b>	<b>J</b>	<b>Mortgage account opened 11/06 lien on</b> <b>Mudhank residence</b>  VALUE \$ <b>555,000.00</b>				<b>501,564.00</b>	
ACCOUNT NO. <b>Law Offices Of Ira T. Nevel</b> <b>175 N. Franklin St., Ste 201</b> <b>Chicago, IL 60606</b>		<b>Assignee or other notification for:</b> <b>American Home Mtg Svci</b>  VALUE \$					
ACCOUNT NO. <b>10623515572508</b> <b>Chase Auto</b> <b>201 N Walnut St # De1-10</b> <b>Wilmington, DE 19801</b>	<b>W</b>	<b>Installment account opened 8/06</b>  VALUE \$ <b>11,600.00</b>				<b>10,932.00</b>	
ACCOUNT NO. <b>9901335186</b> <b>Harris N.a.</b> <b>Po Box 94034</b> <b>Palatine, IL 60094</b>	<b>W</b>	<b>Installment account opened 1/06</b>  VALUE \$ <b>6,000.00</b>				<b>4,485.00</b>	
<div> <div>1 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> <div>Total (Use only on last page)</div> </div>						\$ <b>516,981.00</b>	\$

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Keramidas, Gus V &amp; Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>11147518</b> <b>Plaza Bank</b> <b>7460 W Irving Pk R</b> <b>Norridge, IL 60634</b>	X J	<b>Installment account opened 1/05 for</b> <b>commercial real estate located at 17620</b> <b>Jefferson and 6524 Main Street, Union, IL</b>  VALUE \$ <b>383,010.44</b>				<b>379,000.00</b>	
ACCOUNT NO. <b>Martin &amp; Karczas, Ltd</b> <b>161 N Clark St., Ste. 550</b> <b>Chicago, IL 60601</b>		<b>Assignee or other notification for:</b> <b>Plaza Bank</b>  VALUE \$					
ACCOUNT NO. <b>fr0214-40</b> <b>Silverleaf Club</b> <b>P.O. Box 359</b> <b>Dallas, TX 75221</b>	H	<b>timeshare</b>  VALUE \$				<b>1,843.80</b>	<b>1,843.80</b>
ACCOUNT NO. <b>Small Business Administration - IL</b> <b>500 W Madison St., Ste. 1250</b> <b>Chicago, IL 60661</b>	X	<b>Commercial real estate located at 17620</b> <b>Jefferson and 6524 Main Street, Union, IL</b>  VALUE \$ <b>383,010.44</b>				<b>248,000.00</b>	<b>243,989.56</b>
ACCOUNT NO.		  VALUE \$					
ACCOUNT NO.		  VALUE \$					
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims		Subtotal (Total of this page)				\$ <b>628,843.80</b>	\$ <b>245,833.36</b>
		Total (Use only on last page)				\$ <b>1,145,824.80</b>	\$ <b>245,833.36</b>

(Report also on  
Summary of  
Schedules.)(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Other Certain Debts Owed to Governmental Units

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 30-0192101 Illinois Dept. Of Revenue Lien Unit PO Box 19035 Springfield, IL 62794	X H					43,000.00	43,000.00	
ACCOUNT NO. Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114-0326	J					20,000.00	20,000.00	
ACCOUNT NO. 								
ACCOUNT NO. 								
ACCOUNT NO. 								
ACCOUNT NO. 								
ACCOUNT NO. 								
Subtotal (Totals of this page)						\$ 63,000.00	\$ 63,000.00	\$
Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$ 63,000.00		
Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$ 63,000.00	\$

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Abbi T. Kelly</b> <b>5012 Gee Rd</b> <b>Woodstock, IL 60098</b>	<b>H</b>	<b>employee paycheck</b>				<b>352.63</b>
ACCOUNT NO. <b>Abel Gonzalez</b> <b>1050 Kishwaukee St.</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>employee paycheck</b>				<b>960.00</b>
ACCOUNT NO. <b>29236</b> <b>Adult Care Specialists</b> <b>1538 N. Arlington Hts Rd.</b> <b>Arlington Heights, IL 60004</b>	<b>H</b>	<b>medical</b>				<b>144.55</b>
ACCOUNT NO. <b>169646</b> <b>Affinity Healthcare</b> <b>P.O. Box 2315</b> <b>Carol Stream, IL 60132</b>	<b>W</b>	<b>medical</b>				<b>447.70</b>
<div> <div>23 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ <b>1,904.88</b>
<div> <div>(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> <div>Total</div> </div>						\$

IN RE Keramidas, Gus V &amp; Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>852869</b> <b>Affinity Healthcare</b> <b>P.O. Box 2315</b> <b>Carol Stream, IL 60132</b>	<b>J</b>					<b>20.00</b>
ACCOUNT NO. <b>919955</b> <b>Affinity Healthcare</b> <b>P.O. Box 2315</b> <b>Carol Stream, IL 60132</b>	<b>H</b>					<b>20.00</b>
ACCOUNT NO. <b>884580</b> <b>Affinity Healthcare</b> <b>P.O. Box 2315</b> <b>Carol Stream, IL 60132</b>	<b>W</b>	<b>2009</b>				<b>31.95</b>
ACCOUNT NO. <b>884581</b> <b>Affinity Healthcare</b> <b>P.O. Box 2315</b> <b>Carol Stream, IL 60132</b>	<b>W</b>	<b>2009</b>				<b>22.50</b>
ACCOUNT NO. <b>884582</b> <b>Affinity Healthcare</b> <b>P.O. Box 2315</b> <b>Carol Stream, IL 60132</b>	<b>W</b>					<b>11.25</b>
ACCOUNT NO. <b>Alexandra Hallam</b> <b>3110 Parkview Dr</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>Employee paycheck</b>				<b>77.50</b>
ACCOUNT NO. <b>Alexi J. Weber</b> <b>741 Chestnut Lane</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>Employee paycheck</b>				<b>302.25</b>

Sheet no. 1 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **485.45**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Keramidas, Gus V &amp; Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>f00028675239</b> <b>Alexian Brothers</b> <b>1555 Barrington Rd</b> <b>Hoffman Estates, IL 60194</b>	<b>H</b>	<b>medical</b>				<b>4,062.00</b>
ACCOUNT NO. <b>f00027660380</b> <b>Alexian Brothers</b> <b>1555 Barrington Rd</b> <b>Hoffman Estates, IL 60194</b>	<b>W</b>					<b>5,406.85</b>
ACCOUNT NO. <b>3715-400993-91001</b> <b>American Express</b> <b>Box 0001</b> <b>Los Angeles, CA 90096-0001</b>	<b>X J</b>					<b>7,000.00</b>
ACCOUNT NO. <b>Nationwide Credit, Inc.</b> <b>P.O. Box 740640</b> <b>Atlanta, GA 30374</b>		<b>Assignee or other notification for:</b> <b>American Express</b>				
ACCOUNT NO. <b>3499907635498983</b> <b>Amex</b> <b>Po Box 297871</b> <b>Fort Lauderdale, FL 33329</b>	<b>H</b>	<b>Revolving account opened 3/97</b>				<b>6,200.00</b>
ACCOUNT NO. <b>Anderson Pest Solutions</b> <b>237 Peterson Rd.</b> <b>Libertyville, IL 60048</b>	<b>X H</b>					<b>500.00</b>
ACCOUNT NO. <b>Antonia Ferraro</b> <b>622 Telegraph</b> <b>Marengo, IL 60152</b>	<b>X H</b>	<b>Employee paycheck</b>				<b>316.75</b>

Sheet no. 2 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **23,485.60**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>01121</b> <b>APTI Incorporated</b> <b>307 S. Milwaukee Ave., Ste 127</b> <b>Wheeling, IL 60090</b>	<b>H</b>	<b>2008</b>				<b>29.85</b>
ACCOUNT NO. <b>Arlington Ridge Pathology, SC</b> <b>800 W Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>	<b>medical</b>				<b>22.50</b>
ACCOUNT NO. <b>Arlington Ridge Pathology, SC</b> <b>800 W Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>	<b>Medical</b>				<b>40.50</b>
ACCOUNT NO. <b>000262604094</b> <b>Arlington Ridge Pathology, SC</b> <b>800 W Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>J</b>					<b>8.71</b>
ACCOUNT NO. <b>1002236695</b> <b>Armor Systems Co</b> <b>1700 Kiefer Dr Ste 1</b> <b>Zion, IL 60099</b>	<b>H</b>	<b>Open account opened 4/08</b>				<b>15.00</b>
ACCOUNT NO. <b>32488</b> <b>Arrow Septic &amp; Sewer</b> <b>1704 Lamb Rd., Unit B</b> <b>Woodstock, IL 60098</b>	<b>X H</b>					<b>190.00</b>
ACCOUNT NO. <b>31902</b> <b>Arrow Septic &amp; Sewer</b> <b>1704 Lamb Rd., Unit B</b> <b>Woodstock, IL 60098</b>	<b>X H</b>					<b>190.00</b>

Sheet no. 3 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **496.56**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3504148846701</b> <b>At And T Credit Management</b> <b>At&amp;t Credit Manage</b> <b>Murray, UT 84157</b>	<b>H</b>	<b>Open account opened 10/06</b>				<b>422.00</b>
ACCOUNT NO. <b>81592320001636</b> <b>AT&amp;T</b> <b>P.O. Box 8100</b> <b>Aurora, IL 60507-8100</b>	<b>X H</b>					<b>315.00</b>
ACCOUNT NO. <b>CBCS</b> <b>P.O. Box 163250</b> <b>Columbus, OH 43216</b>		<b>Assignee or other notification for:</b> <b>AT&amp;T</b>				
ACCOUNT NO. <b>3377845</b> <b>Atlantic Crd</b> <b>P O Box 13386</b> <b>Roanoke, VA 24033</b>	<b>W</b>					<b>18,615.82</b>
ACCOUNT NO. <b>Freedman Anselmo Lindberg &amp; Rappe, LLC</b> <b>1807 W. Diehl Rd., Ste. 333</b> <b>Naperville, IL 60566</b>		<b>Assignee or other notification for:</b> <b>Atlantic Crd</b>				
ACCOUNT NO. <b>Care Medical Supplies, Inc.</b> <b>219 South Illinois Street</b> <b>Bellville, IL 62220</b>	<b>H</b>	<b>Medical</b>				<b>133.00</b>
ACCOUNT NO. <b>000000101950006</b> <b>Care Medical Supplies, Inc.</b> <b>219 South Illinois Street</b> <b>Bellville, IL 62220</b>	<b>H</b>					<b>16.80</b>

Sheet no. 4 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **19,502.62**

(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

Total  
\$

IN RE Keramidas, Gus V &amp; Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>053004952</b> <b>CCI Broadband</b> <b>P.O. Box 885</b> <b>Iron Mountain, MI 49801</b>	<b>H</b>					<b>150.00</b>
ACCOUNT NO. <b>a0914000004</b> <b>Centegra Health System</b> <b>PO Box 1990</b> <b>Woodstock, IL 60098</b>	<b>H</b>	<b>medical</b>				<b>7,325.00</b>
ACCOUNT NO. <b>Centegra Hospital - Woodstock</b> <b>3701 Doty Rd</b> <b>Woodstock, IL 60098</b>	<b>H</b>					<b>0.00</b>
ACCOUNT NO. <b>300118594301-3150002</b> <b>Charter Communications</b> <b>P.O. Box 3019</b> <b>Milwaukee, WI 53201</b>	<b>X H</b>					<b>126.54</b>
ACCOUNT NO. <b>540168301940</b> <b>Chase</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b>	<b>W</b>	<b>Revolving account opened 12/04</b>				<b>10,322.00</b>
ACCOUNT NO. <b>4388-5760-2385-0814</b> <b>Chase</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b>	<b>W</b>	<b>Open account opened 7/04</b>				<b>3,727.00</b>
ACCOUNT NO. <b>Cheryl Carlson</b> <b>16817 E. Coral Rd</b> <b>Union, IL 60180</b>	<b>H</b>	<b>Employee paycheck</b>				<b>189.88</b>

Sheet no. **5** of **23** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **21,840.42**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>24746</b> <b>Citi Cards</b> <b>Processing Center</b> <b>Des Moines, IA 50363-0000</b>	<b>X H</b>					<b>9,100.00</b>
ACCOUNT NO. <b>2457583016</b> <b>ComEd</b> <b>Bill Payment Center</b> <b>Chicago, IL 60668-0001</b>	<b>X H</b>					<b>1,555.00</b>
ACCOUNT NO. <b>2457584022</b> <b>ComEd</b> <b>Bill Payment Center</b> <b>Chicago, IL 60668-0001</b>	<b>J</b>					<b>320.00</b>
ACCOUNT NO. <b>10055392</b> <b>Credit Management Control, Inc.</b> <b>C/O IL Energy Savings Corp.</b> <b>P.O. Box 1654</b> <b>Green Bay, WI 54305-1654</b>	<b>H</b>					<b>55.83</b>
ACCOUNT NO. <b>47054</b> <b>Culligan</b> <b>P.O. Box 5277</b> <b>Carol Stream, IL 60197</b>	<b>X H</b>					<b>300.00</b>
ACCOUNT NO. <b>Dan Barry</b> <b>17604 Mallet Ct</b> <b>Union, IL 60180</b>	<b>X H</b>	<b>Employee paycheck</b>				<b>191.25</b>
ACCOUNT NO. <b>Danielle Julison</b> <b>3496 Millstream Rd</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>employee paycheck</b>				<b>333.94</b>

Sheet no. 6 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **11,856.02**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Dean Kekos</b> <b>1770 Park Street, Ste 205</b> <b>Naperville, IL 60563</b>	<b>H</b>					<b>2,000.00</b>
ACCOUNT NO. <b>064032008</b> <b>Directv</b> <b>P.O. Box 60036</b> <b>Los Angeles, CA 90060</b>	<b>X H</b>					<b>240.00</b>
ACCOUNT NO. <b>6011-0076-2357-7680</b> <b>Discover Card</b> <b>P.O. Box 6103</b> <b>Carol Stream, IL 60197</b>	<b>J</b>					<b>7,488.00</b>
ACCOUNT NO. <b>Weltman, Weinberg &amp; Reis Co., LPA</b> <b>323 W. Lakeside Ave., Ste. 200</b> <b>Cleveland, OH 44113</b>		<b>Assignee or other notification for:</b> <b>Discover Card</b>				
ACCOUNT NO. <b>4373529505620</b> <b>Dsnb Macys</b> <b>911 Duke Blvd</b> <b>Mason, OH 45040</b>	<b>J</b>	<b>Revolving account opened 1/83</b>				<b>88.00</b>
ACCOUNT NO. <b>1074187</b> <b>Edward Don &amp; Company</b> <b>2562 Payshpere Circle</b> <b>Chicago, IL 60674</b>	<b>X H</b>					<b>1,247.00</b>
ACCOUNT NO. <b>Elisabeth Roth</b> <b>411 Maple St.</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>Employee paycheck</b>				<b>178.25</b>

Sheet no. 7 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **11,241.25**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>12410608</b> <b>Enhanc Rcvry</b> <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256</b>	<b>H</b>					<b>130.00</b>
ACCOUNT NO. <b>15137279</b> <b>Enhanced Recovery Corp</b> <b>8014 Bayberry Rd</b> <b>Jacksonville, FL 32256</b>	<b>H</b>	<b>Open account opened 11/08</b>				<b>126.00</b>
ACCOUNT NO. <b>18318</b> <b>Facilitec</b> <b>3851 Clearview Court, Ste. A</b> <b>Gurnee, IL 60031</b>	<b>X H</b>					<b>348.15</b>
ACCOUNT NO. <b>3911310</b> <b>Firstsource Fin Soluti</b> <b>1900 W Severs Rd</b> <b>La Porte, IN 46350</b>	<b>H</b>	<b>Open account opened 3/08</b>				<b>228.00</b>
ACCOUNT NO. <b>3925308</b> <b>Firstsource Fin Soluti</b> <b>1900 W Severs Rd</b> <b>La Porte, IN 46350</b>	<b>W</b>	<b>Open account opened 3/08</b>				<b>80.00</b>
ACCOUNT NO. <b>14111000</b> <b>Fox River Foods</b> <b>5030 Baseline Road</b> <b>Montgomery, IL 60538</b>	<b>X H</b>					<b>650.00</b>
ACCOUNT NO. <b>7714100259410504</b> <b>GE Money Bank</b> <b>P.O. Box 960061</b> <b>Orlando, FL 32896-0061</b>	<b>H</b>					<b>1,149.00</b>

Sheet no. 8 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,711.15**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>771410025941</b> <b>Gemb/sams Club</b> <b>Po Box 981400</b> <b>El Paso, TX 79998</b>	<b>H</b>	<b>Revolving account opened 1/08</b>				<b>1,056.00</b>
ACCOUNT NO. <b>Holli A. Poplin</b> <b>527 W. Grant Hwy</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>Employee paycheck</b>				<b>521.44</b>
ACCOUNT NO. <b>10246590</b> <b>Illinois Collection Se</b> <b>8231 185th St Ste 100</b> <b>Tinley Park, IL 60487</b>	<b>W</b>	<b>Open account opened 11/07</b>				<b>288.00</b>
ACCOUNT NO. <b>customer #11</b> <b>Inboden's Meats</b> <b>1106 N First St</b> <b>Dekalb, IL 60115</b>	<b>H</b>					<b>273.00</b>
ACCOUNT NO. <b>J.A. Ketchmark, Ltd.</b> <b>12415 Hensel Rd</b> <b>Huntley, IL 60142</b>	<b>X H</b>					<b>5,000.00</b>
ACCOUNT NO. <b>Jodi M. Reed</b> <b>402 Prairie View Pkwy</b> <b>Hampshire, IL 60140</b>	<b>X H</b>	<b>Employee paycheck</b>				<b>144.00</b>
ACCOUNT NO. <b>8454580608</b> <b>Just Energy</b> <b>35190 Eagle Way</b> <b>Chicago, IL 60678</b>	<b>H</b>					<b>55.83</b>

Sheet no. 9 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,338.27**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Karen M. Proffitt</b> <b>17819 Jefferson</b> <b>Union, IL 60180</b>	<b>H</b>	<b>Employee Paycheck</b>				<b>100.00</b>
ACCOUNT NO. <b>Kathy Kugler</b> <b>2351 Westfield Lane</b> <b>Belvidere, IL 60108</b>	<b>H</b>	<b>Employee paycheck</b>				<b>365.63</b>
ACCOUNT NO. <b>11123369</b> <b>Kca Finl</b> <b>628 North St</b> <b>Geneva, IL 60134</b>	<b>H</b>					<b>236.00</b>
ACCOUNT NO. <b>10727691</b> <b>Kca Finl</b> <b>628 North St</b> <b>Geneva, IL 60134</b>	<b>H</b>					<b>52.00</b>
ACCOUNT NO. <b>Kelly Plumbing</b> <b>17603 Depot Street</b> <b>Union, IL 60180</b>	<b>H</b>					<b>350.00</b>
ACCOUNT NO. <b>030333497352</b> <b>Kohls/chase</b> <b>N56 W 17000 Ridgewood Dr</b> <b>Menomonee Falls, WI 53051</b>	<b>J</b>	<b>Revolving account opened 5/00</b>				<b>2,002.00</b>
ACCOUNT NO. <b>Enhanced Recovery Corp.</b> <b>8014 Baybery Rd</b> <b>Jacksonville, FL 32256</b>		<b>Assignee or other notification for:</b> <b>Kohls/chase</b>				

Sheet no. 10 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,105.63**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Kristen Otten</b> <b>821 Chestnut Ct</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>Employee paycheck</b>				<b>341.82</b>
ACCOUNT NO. <b>6978000071156413</b> <b>Lane Bryant Retail/soa</b> <b>450 Winks Ln</b> <b>Bensalem, PA 19020</b>	<b>W</b>	<b>Revolving account opened 3/05</b>				<b>437.00</b>
ACCOUNT NO. <b>Laureen Buchanan</b> <b>1115 N. Hale St.</b> <b>Marengo, IL 60152</b>	<b>X H</b>	<b>Employee paycheck</b>				<b>286.75</b>
ACCOUNT NO. <b>183161</b> <b>M.D.C. Environmental Services</b> <b>P.O. Box 673043</b> <b>Milwaukee, WI 53267</b>	<b>X H</b>					<b>991.00</b>
ACCOUNT NO. <b>mc7516</b> <b>Maccarb</b> <b>4616 W Main St</b> <b>Dundee, IL 60118</b>	<b>X H</b>					<b>260.00</b>
ACCOUNT NO. <b>ch2000</b> <b>Maccarb</b> <b>4616 W Main St</b> <b>Dundee, IL 60118</b>	<b>X H</b>					<b>10.00</b>
ACCOUNT NO. <b>Magic Refrigeration, Inc.</b> <b>P.O. Box 136</b> <b>Wonder Lake, IL 60097</b>	<b>H</b>					<b>210.00</b>

Sheet no. 11 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **2,536.57**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>090486</b> <b>Marengo Rescue Squad district</b> <b>110 Telegraph St.</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>medical</b>				<b>405.00</b>
ACCOUNT NO. <b>146770-QMRIG</b> <b>McHenry Radiologists Imaging</b> <b>P.O. Box 220</b> <b>McHenry, IL 60051</b>	<b>H</b>					<b>1,009.00</b>
ACCOUNT NO. <b>Business Revenue Systems, Inc.</b> <b>P.O. Box 13077</b> <b>Des Moines, IA 50310</b>		<b>Assignee or other notification for:</b> <b>McHenry Radiologists Imaging</b>				
ACCOUNT NO. <b>00369833</b> <b>Mea-Aea, LLC</b> <b>P.O. Box 366</b> <b>Hinsdale, IL 60522</b>	<b>W</b>					<b>557.00</b>
ACCOUNT NO. <b>00329687</b> <b>Mea-Aea, LLC</b> <b>P.O. Box 366</b> <b>Hinsdale, IL 60522</b>	<b>H</b>					<b>12.45</b>
ACCOUNT NO. <b>8090169396</b> <b>Merchants Credit Guide</b> <b>223 W Jackson St</b> <b>Chicago, IL 60606</b>	<b>W</b>	<b>Open account opened 1/09</b>				<b>89.00</b>
ACCOUNT NO. <b>Michelle R. Lester</b> <b>520 Eisenhower</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>Employee paycheck</b>				<b>91.07</b>

Sheet no. 12 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,163.52**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2010001134</b> <b>Midwest Bank</b> <b>17622 Depot Street</b> <b>Union, IL 60180</b>	<b>J</b>					<b>90.00</b>
ACCOUNT NO. <b>00002968701</b> <b>Midwest Emergency Assoicates</b> <b>2000 Spring Road Suite 200</b> <b>Oak Brook, IL 60523</b>	<b>H</b>					<b>12.45</b>
ACCOUNT NO. <b>mn19091400000045</b> <b>Moraine Emergency Physicians</b> <b>P.O. Box 8759</b> <b>Philadelphia, PA 19101</b>	<b>H</b>	<b>medical</b>				<b>634.00</b>
ACCOUNT NO. <b>0032902203</b> <b>NCO Financial Systems</b> <b>C/O Midwest Bank And Trust Co.</b> <b>507 Prudential Road</b> <b>Horsham, PA 19044</b>	<b>X H</b>					<b>1,275.00</b>
ACCOUNT NO. <b>08610002185081</b> <b>Neopath</b> <b>520 E 22nd</b> <b>Combard, IL 60148</b>	<b>W</b>					<b>39.00</b>
ACCOUNT NO. <b>St. Alexis Medical</b> <b>3040 W Salt Creek Ln.</b> <b>Arlington Heights, IL 60005</b>		<b>Assignee or other notification for:</b> <b>Neopath</b>				
ACCOUNT NO. <b>54073224904</b> <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>	<b>H</b>	<b>Open account opened 1/04</b>				<b>262.00</b>

Sheet no. 13 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,312.45**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>382005</b> <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>	<b>H</b>	<b>Open account opened 9/04</b>				<b>475.85</b>
ACCOUNT NO. <b>525467</b> <b>Nicor Gas</b> <b>1844 Ferry Road</b> <b>Naperville, IL 60563</b>	<b>H</b>	<b>Open account opened 7/98</b>				<b>56.00</b>
ACCOUNT NO. <b>Nicor Gas</b> <b>P.O. Box 0632</b> <b>Aurora, IL 60507-0632</b>	<b>J</b>					<b>100.00</b>
ACCOUNT NO. <b>05888022612</b> <b>Nicor Gas</b> <b>P.O. Box 0632</b> <b>Aurora, IL 60507-0632</b>	<b>X H</b>					<b>785.01</b>
ACCOUNT NO. <b>25257</b> <b>Northwesst Neurology, Ltd.</b> <b>1732 West Algonquin Road</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>	<b>2009</b>				<b>39.30</b>
ACCOUNT NO. <b>59204564</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>41.58</b>
ACCOUNT NO. <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>	<b>Medical</b>				<b>22.95</b>

Sheet no. 14 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,520.69**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>58487295</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>J</b>					<b>178.60</b>
ACCOUNT NO. <b>58487295</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>470.00</b>
ACCOUNT NO. <b>5153073</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>					<b>38.15</b>
ACCOUNT NO. <b>47404100</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>					<b>44.64</b>
ACCOUNT NO. <b>47464650</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>					<b>80.70</b>
ACCOUNT NO. <b>6711706</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>1,277.89</b>
ACCOUNT NO. <b>OSI Collection Services</b> <b>P.O. Box 959</b> <b>Brookfield, WI 53008</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				

Sheet no. 15 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,089.98**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6744063</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>461.76</b>
ACCOUNT NO. <b>OSI Collection Services</b> <b>P.O. Box 959</b> <b>Brookfield, WI 53008</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>6770376</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>156.11</b>
ACCOUNT NO. <b>OSI Collection Services</b> <b>P.O. Box 959</b> <b>Brookfield, WI 53008</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>58620661</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>					<b>894.16</b>
ACCOUNT NO. <b>NCH</b> <b>P.O. Box 95698</b> <b>Chicago, IL 60694</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>870906140067</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>					<b>34.20</b>

Sheet no. 16 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **1,546.23**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>BestPractices Of Northwest, SC</b> <b>P.O. Box 758682</b> <b>Baltimore, MD 21275</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>59261649</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>105.00</b>
ACCOUNT NO. <b>59184911</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>	<b>2009</b>				<b>5,965.66</b>
ACCOUNT NO. <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>					<b>5.60</b>
ACCOUNT NO. <b>870907310056</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>22.95</b>
ACCOUNT NO. <b>BestPractices Of Northwest, SC</b> <b>P.O. Box 758682</b> <b>Baltimore, MD 21275</b>		<b>Assignee or other notification for:</b> <b>Northwest Community Hospital</b>				
ACCOUNT NO. <b>59305034</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>					<b>71.00</b>

Sheet no. 17 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **6,170.21**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>59330951</b> <b>Northwest Community Hospital</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>H</b>	<b>2009</b>				<b>3,737.00</b>
ACCOUNT NO. <b>4689649</b> <b>Northwest News Group</b> <b>C/O Biehl &amp; Biehl</b> <b>P.O. Box 87410</b> <b>Carol Stream, IL 60188</b>	<b>X H</b>					<b>300.00</b>
ACCOUNT NO. <b>0002617812084</b> <b>Northwest Radiology Associates</b> <b>800 W. Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>J</b>					<b>22.00</b>
ACCOUNT NO. <b>08410002617812</b> <b>Northwest Radiology Associates</b> <b>520 E 22nd St</b> <b>Lombard, IL 60148</b>	<b>W</b>					<b>22.00</b>
ACCOUNT NO. <b>08410002624118</b> <b>Northwest Radiology Associates, SC</b> <b>520 E. 22nd St.</b> <b>Lombard, IL 60148</b>	<b>W</b>					<b>39.09</b>
ACCOUNT NO. <b>kera02</b> <b>Northwest Sppech &amp; Hearing Center</b> <b>880 West Central Rd., Ste. 4300</b> <b>Arlington Heights, IL 60005</b>	<b>W 2009</b>					<b>751.60</b>
ACCOUNT NO. <b>4298</b> <b>Perfection Landscaping</b> <b>16308 Harmony Rd</b> <b>Huntley, IL 60142</b>	<b>J landscaping service</b>					<b>400.00</b>

Sheet no. **18** of **23** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **5,271.69**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>2825</b> <b>PJ Plumbing</b> <b>504 Congress Circle</b> <b>Roselle, IL 60172</b>	<b>W</b>					<b>420.00</b>
ACCOUNT NO. <b>4862362667647047</b> <b>Portfolio Recvry And Affil</b> <b>120 Corporate Blvd Ste 1</b> <b>Norfolk, VA 23502</b>	<b>W</b>	<b>Open account opened 5/08</b>				<b>1,094.00</b>
ACCOUNT NO. <b>10013895</b> <b>Professnl Acct Mgmt In</b> <b>633 W Wisconsin Ave Ste</b> <b>Milwaukee, WI 53203</b>	<b>W</b>	<b>Open account opened 3/08</b>				<b>150.00</b>
ACCOUNT NO. <b>449220A</b> <b>Radiological Consultants Of Woodstock</b> <b>36311 Treasury Center</b> <b>Chicago, IL 60694</b>	<b>W</b>					<b>498.00</b>
ACCOUNT NO. <b>442035A</b> <b>Radiological Consultants Of Woodstock</b> <b>36311 Treasury Center</b> <b>Chicago, IL 60694</b>						<b>15.45</b>
ACCOUNT NO. <b>51872</b> <b>Rec Room Furnitures &amp; Games</b> <b>1316 Butterfield Rd</b> <b>Downers Grove, IL 60515</b>	<b>H</b>	<b>2006</b>				<b>1,318.34</b>
ACCOUNT NO. <b>Reinhart Food Service</b> <b>251 Central Ave</b> <b>University Park, IL 60484</b>	<b>H</b>					<b>6,000.00</b>

Sheet no. 19 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **9,495.79**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Reinhart Food Service</b> <b>P.O. Box 395</b> <b>Oak Creek, WI 53154</b>		<b>Assignee or other notification for:</b> <b>Reinhart Food Service</b>				
ACCOUNT NO. <b>01950006511</b> <b>Rotech Healthcare Inc.</b> <b>P.O. Box 3112</b> <b>Southeastern, PA 19398</b>	<b>H</b>					<b>424.65</b>
ACCOUNT NO. <b>Allianceone Receivable Management, Inc.</b> <b>P.O. Box 3104</b> <b>Southeastern, PA 19398</b>		<b>Assignee or other notification for:</b> <b>Rotech Healthcare Inc.</b>				
ACCOUNT NO. <b>Rubin Loyo</b> <b>219 E Locust St</b> <b>Belvidere, IL 61008</b>	<b>H</b>	<b>Employee paycheck</b>				<b>960.00</b>
ACCOUNT NO. <b>7714100259410504</b> <b>Sam's Club</b> <b>P.O. Box 530981</b> <b>Atlanta, GA 30353-0981</b>	<b>J</b>					<b>1,086.04</b>
ACCOUNT NO. <b>Sarah A. Latino</b> <b>505 Highland St</b> <b>Belvidere, IL 61008</b>	<b>H</b>	<b>Employee paycheck</b>				<b>458.00</b>
ACCOUNT NO. <b>Selena Liotta</b> <b>9014 Hunter Rd</b> <b>Capron, IL 61012</b>	<b>H</b>	<b>Employee paycheck</b>				<b>420.75</b>

Sheet no. 20 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **3,349.44**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Shaw Suburban Media</b> <b>P.O. Box 250</b> <b>Crystal Lake, IL 60039</b>	<b>X</b>					<b>300.00</b>
ACCOUNT NO. <b>466356221</b> <b>Sprint</b> <b>P.O. Box 4191</b> <b>Carol Stream, IL 60197-4191</b>	<b>H</b>					<b>275.00</b>
ACCOUNT NO. <b>f00027660380</b> <b>St. Alexis Medical</b> <b>3040 W Salt Creek Ln.</b> <b>Arlington Heights, IL 60005</b>	<b>W</b>	<b>medical</b>				<b>5,406.85</b>
ACCOUNT NO. <b>53374</b> <b>Suburban ENT Associates, Ltd.</b> <b>1100 W Central Rd</b> <b>Arlington Heights, IL 60005</b>	<b>J</b>	<b>2009</b>				<b>28.05</b>
ACCOUNT NO. <b>86670</b> <b>Supreme Lobster</b> <b>220 E North Ave.</b> <b>Villa Park, IL 60181</b>	<b>H</b>					<b>1,200.00</b>
ACCOUNT NO. <b>Susan Hansen</b> <b>6211 Maple St</b> <b>Marengo, IL 60152</b>	<b>H</b>	<b>Employee paycheck</b>				<b>1,258.88</b>
ACCOUNT NO. <b>Susan L. Wise</b> <b>743 Duvall Dr.</b> <b>Woodstock, IL 60098</b>	<b>H</b>	<b>Employee paycheck</b>				<b>560.00</b>

Sheet no. 21 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **9,028.78**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>v00000042150</b> <b>Swedishamerican Hospital</b> <b>P.O. Box 4448</b> <b>Rockford, IL 61110</b>	<b>X H</b>	<b>Employee's injury</b>				<b>1,564.15</b>
ACCOUNT NO. <b>Ruben Salazar</b> <b>219 Locust St</b> <b>Belvidere, IL 61008</b>		<b>Assignee or other notification for:</b> <b>Swedishamerican Hospital</b>				
ACCOUNT NO. <b>Swiss Maid Bakery</b> <b>104 E Brainard St</b> <b>Harvard, IL 60033</b>	<b>X H</b>					<b>1,800.00</b>
ACCOUNT NO. <b>08AR254</b> <b>Sysco Food Services Of Chicago, Inc.</b> <b>250 Wieboldt Dr</b> <b>Des Plaines, IL 60016</b>	<b>X H</b>					<b>21,000.00</b>
ACCOUNT NO. <b>Mcmahan &amp; Sigunick, Ltd.</b> <b>412 S. Wells St., 6th Floor</b> <b>Chicago, IL 60607</b>		<b>Assignee or other notification for:</b> <b>Sysco Food Services Of Chicago, Inc.</b>				
ACCOUNT NO. <b>727470021468025</b> <b>Tru Green</b> <b>5667 Sandy Hollow Road</b> <b>Rockford, IL 61109</b>	<b>H</b>					<b>267.00</b>
ACCOUNT NO. <b>092262</b> <b>Tru Green</b> <b>5667 Sandy Hollow Road</b> <b>Rockford, IL 61109</b>	<b>H</b>					<b>78.50</b>

Sheet no. 22 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **24,709.65**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>U.S. Food Service</b> <b>340 N Oakley Blvd</b> <b>Chicago, IL 60612</b>	<b>H</b>					<b>7,000.00</b>
ACCOUNT NO. <b>26327</b> <b>VCP Printing</b> <b>901 Algonquin Rd</b> <b>Algonquin, IL 60102</b>	<b>H</b>					<b>475.00</b>
ACCOUNT NO. <b>Village Of Union</b> <b>17703 O'Cock Rd</b> <b>Union, IL 60180</b>	<b>X H</b>					<b>300.00</b>
ACCOUNT NO. <b>Walter Alarm Services, Inc.</b> <b>P.O. Box 522</b> <b>Crystal Lake, IL 60039</b>	<b>X H</b>					<b>285.00</b>
ACCOUNT NO. <b>30292271302922716</b> <b>Wfnnb/express</b> <b>Po Box 330066</b> <b>Northglenn, CO 80233</b>	<b>W</b>	<b>Revolving account opened 4/03</b>				<b>186.00</b>
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 23 of 23 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **8,246.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$ **182,408.85**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
GVK Restaurants, Inc/Checkers II PO Box 21 Union, IL 60180	Plaza Bank 7460 W Irving Pk R Norridge, IL 60634  Edward Don & Company 2562 Payshpere Circle Chicago, IL 60674  Fox River Foods 5030 Baseline Road Montgomery, IL 60538  Maccarb 4616 W Main St Dundee, IL 60118  Swiss Maid Bakery 104 E Brainard St Harvard, IL 60033  J.A. Ketchmark, Ltd. 12415 Hensel Rd Huntley, IL 60142  M.D.C. Environmental Services P.O. Box 673043 Milwaukee, WI 53267  Sysco Food Services Of Chicago, Inc. 250 Wieboldt Dr Des Plaines, IL 60016  Walter Alarm Services, Inc. P.O. Box 522 Crystal Lake, IL 60039  Shaw Suburban Media P.O. Box 250 Crystal Lake, IL 60039  Culligan P.O. Box 5277 Carol Stream, IL 60197  American Express Box 0001 Los Angeles, CA 90096-0001  Village Of Union 17703 O'Cock Rd

IN RE Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE H - CODEBTORS**  
**(Continuation Sheet)**

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	<p><b>Union, IL 60180</b></p> <p><b>AT&amp;T</b>  <b>P.O. Box 8100</b>  <b>Aurora, IL 60507-8100</b></p> <p><b>Charter Communications</b>  <b>P.O. Box 3019</b>  <b>Milwaukee, WI 53201</b></p> <p><b>Directv</b>  <b>P.O. Box 60036</b>  <b>Los Angeles, CA 90060</b></p> <p><b>Citi Cards</b>  <b>Processing Center</b>  <b>Des Moines, IA 50363-0000</b></p> <p><b>Arrow Septic &amp; Sewer</b>  <b>1704 Lamb Rd., Unit B</b>  <b>Woodstock, IL 60098</b></p> <p><b>Facilitec</b>  <b>3851 Clearview Court, Ste. A</b>  <b>Gurnee, IL 60031</b></p> <p><b>Northwest News Group</b>  <b>C/O Biehl &amp; Biehl</b>  <b>P.O. Box 87410</b>  <b>Carol Stream, IL 60188</b></p> <p><b>Nicor Gas</b>  <b>P.O. Box 0632</b>  <b>Aurora, IL 60507-0632</b></p> <p><b>ComEd</b>  <b>Bill Payment Center</b>  <b>Chicago, IL 60668-0001</b></p> <p><b>Swedishamerican Hospital</b>  <b>P.O. Box 4448</b>  <b>Rockford, IL 61110</b></p> <p><b>Small Business Administration - IL</b>  <b>500 W Madison St., Ste. 1250</b>  <b>Chicago, IL 60661</b></p> <p><b>Antonia Ferraro</b>  <b>622 Telegraph</b>  <b>Marengo, IL 60152</b></p> <p><b>Laureen Buchanan</b>  <b>1115 N. Hale St.</b>  <b>Marengo, IL 60152</b></p> <p><b>Jodi M. Reed</b>  <b>402 Prairie View Pkwy</b>  <b>Hampshire, IL 60140</b></p>

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
	<div>Dan Barry</div> <div>17604 Mallet Ct</div> <div>Union, IL 60180</div> <div>Maccarb</div> <div>4616 W Main St</div> <div>Dundee, IL 60118</div> <div>Anderson Pest Solutions</div> <div>237 Peterson Rd.</div> <div>Libertyville, IL 60048</div> <div>Illinois Dept. Of Revenue</div> <div>Lien Unit</div> <div>PO Box 19035</div> <div>Springfield, IL 62794</div> <div>NCO Financial Systems</div> <div>C/O Midwest Bank And Trust Co.</div> <div>507 Prudential Road</div> <div>Horsham, PA 19044</div> <div>Arrow Septic &amp; Sewer</div> <div>1704 Lamb Rd., Unit B</div> <div>Woodstock, IL 60098</div>

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Daughter</b>	AGE(S): <b>19</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer		<b>Jewel</b> <b>30 years</b>  <b>Hoffman Estates, IL</b>

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$	\$ <b>3,628.04</b>
2. Estimated monthly overtime	\$	\$
<b>3. SUBTOTAL</b>	<b>\$ 0.00</b>	<b>\$ 3,628.04</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$	\$ <b>639.74</b>
b. Insurance	\$	\$ <b>138.54</b>
c. Union dues	\$	\$ <b>11.87</b>
d. Other (specify) <u>Long Term Disability</u>	\$	\$ <b>16.12</b>
<u>Dues For Local</u>	\$	\$ <b>21.71</b>
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 0.00</b>	<b>\$ 827.98</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 0.00</b>	<b>\$ 2,800.06</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance		
(Specify)	\$	\$
	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income		
(Specify)	\$	\$
	\$	\$
	\$	\$
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$</b>	<b>\$</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 0.00</b>	<b>\$ 2,800.06</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 2,800.06</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 2,100.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 250.00
b. Water and sewer	\$ 80.00
c. Telephone	\$ 100.00
d. Other _____	\$ _____
3. Home maintenance (repairs and upkeep)	\$ 50.00
4. Food	\$ 400.00
5. Clothing	\$ 40.00
6. Laundry and dry cleaning	\$ 20.00
7. Medical and dental expenses	\$ 100.00
8. Transportation (not including car payments)	\$ 250.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 40.00
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ 100.00
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 268.00
b. Other _____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other <u>Haircuts, Toiletries, Etc.</u>	\$ 50.00
<u>Vehicle Maintenance</u>	\$ 100.00
_____	\$ _____

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,948.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,800.06
b. Average monthly expenses from Line 18 above	\$ 3,948.00
c. Monthly net income (a. minus b.)	\$ -1,147.94

IN RE Keramidas, Gus V & Keramidas, Vivian Case No. \_\_\_\_\_  
Debtor(s) (If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 41 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: September 1, 2009 Signature: /s/ Gus V Keramidas  
**Gus V Keramidas** Debtor

Date: September 1, 2009 Signature: /s/ Vivian Keramidas  
**Vivian Keramidas** (Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Keramidas, Gus V & Keramidas, Vivian

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 2009 YTD Gus

0.00 2009 YTD for Vivian

43,000.00 2008 for Vivian

0.00 2008 for Gus

### 2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Harris Bank</b> <b>935 W. Rollins Road</b> <b>Round Lake Heights, IL 60073</b>	<b>monthly</b>	<b>804.00</b>	<b>5,000.00</b>

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Plaza Bank vs. Gus Keramidas, Vivian Keramidas, Somercor 504, Inc., U.S. Small Business Administration, GVK Restaurants, Inc. 09CH852</b>	<b>foreclosure</b>	<b>Circuit Court for the 22nd Judicial Circuit, McHenry County, IL</b>	<b>foreclosure sale held on 8/27/09</b>
<b>Atlantic Credit &amp; Finance Inc. Assignee from HSBC vs. Vivian Keramidas 08M1189541</b>	<b>collection</b>	<b>Circuit Court of Cook County, IL</b>	<b>Judgment</b>
<b>Wells Fargo Bank vs. Gus Keramidas, Vivian Keramidas, South Barrington Lakes Association 08CH8686</b>	<b>Foreclosure</b>	<b>Circuit Court of Cook County, IL</b>	<b>pending</b>

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
<b>Atlantic Credit &amp; Finance, Inc.</b>	<b>August 2009</b>	<b>1. \$1069 in Harris bank checking account frozen 2. \$200 in overdraft account frozen 3. \$110 in joint checking account with daughter frozen..</b>

#### 5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
<b>Plaza Bank</b>	<b>08/27/2009</b>	<b>Commerical property in Union sold in foreclosure sale for \$_____.</b>

## 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Gierum &amp; Mantas</b> <b>9700 West Higgins Road</b> <b>Rosemont, IL 60018</b>	<b>7/2009</b>	<b>4,460.00</b>
<b>GreenPath Debt Solutions</b> <b>27555 Farmington Rd., Ste. 200</b> <b>Farmington Hills, MI 48331</b>	<b>8/2009</b>	

## 10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<b>Carmax dealership</b>	<b>7/2009</b>	<b>2004 Acura for \$9,000.</b>

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

## 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<b>Prairie Community Bank</b>	<b>business checking</b>	<b>7/2009</b>

## 12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESS OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
Harris Bank	Self	birth certificate, passports, legal documents. closed 7/2009	

## 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

## 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

## 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

## 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL- SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
<b>GVK Restaurants, Inc.</b>	<b>30-0192101</b>	<b>6524 Main St Union, IL 60180</b>	<b>Restaurant - d/b/a Checkers II</b>	<b>2003 to 7/2009</b>

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
<b>J.A. Ketchmark, Ltd. 12415 Hensel Rd Huntley, IL 60142</b>	<b>2003 - present</b>

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME AND ADDRESS  
**J.A. Ketchmark, Ltd.  
12415 Hensel Rd  
Huntley, IL 60142  
Gus V. Keramidas**

None ☐ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

NAME AND ADDRESS	DATE ISSUED
<b>Plaza Bank 7460 W Irving Park Rd Norridge, IL</b>	

**20. Inventories**

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

**21. Current Partners, Officers, Directors and Shareholders**

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

**22. Former partners, officers, directors and shareholders**

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

**23. Withdrawals from a partnership or distributions by a corporation**

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

**24. Tax Consolidation Group**

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

**25. Pension Funds.**

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **September 1, 2009**

Signature /s/ Gus V Keramidas  
of Debtor

**Gus V Keramidas**

Date: **September 1, 2009**

Signature /s/ Vivian Keramidas  
of Joint Debtor  
(if any)

**Vivian Keramidas**

0 continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Keramidas, Gus V & Keramidas, Vivian

Case No. \_\_\_\_\_

Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> American Home Mtg Svci	<b>Describe Property Securing Debt:</b> Residence located at 42 W. Mundhank Rd., South Barrington
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
<b>Creditor's Name:</b> Silverleaf Club	<b>Describe Property Securing Debt:</b> Timeshare located at Fox River Resort, IL
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **September 1, 2009**

/s/ Gus V Keramidas

Signature of Debtor

/s/ Vivian Keramidas

Signature of Joint Debtor

IN RE:

Case No. \_\_\_\_\_

Keramidas, Gus V & Keramidas, Vivian

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 131

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 1, 2009

/s/ Gus V Keramidas

Debtor

/s/ Vivian Keramidas

Joint Debtor

Keramidas, Gus V  
42 W Mundhank Road  
South Barrington, IL 60010

Allianceone Receivable Management, Inc.  
P.O. Box 3104  
Southeastern, PA 19398

At And T Credit Management  
At&t Credit Manage  
Murray, UT 84157

Keramidas, Vivian  
42 W Mundhank Road  
South Barrington, IL 60010

American Express  
Box 0001  
Los Angeles, CA 90096-0001

AT&T  
P.O. Box 8100  
Aurora, IL 60507-8100

Gierum & Mantas  
9700 West Higgins Road Suite 1015  
Rosemont, IL 60018

American Home Mtg Svci  
10440 Little Patuxent Parkway  
Columbia, MD 21044

Atlantic Crd  
P O Box 13386  
Roanoke, VA 24033

Abbi T. Kelly  
5012 Gee Rd  
Woodstock, IL 60098

Amex  
Po Box 297871  
Fort Lauderdale, FL 33329

BestPractices Of Northwest, SC  
P.O. Box 758682  
Baltimore, MD 21275

Abel Gonzalez  
1050 Kishwaukee St.  
Marengo, IL 60152

Anderson Pest Solutions  
237 Peterson Rd.  
Libertyville, IL 60048

Business Revenue Systems, Inc.  
P.O. Box 13077  
Des Moines, IA 50310

Adult Care Specialists  
1538 N. Arlington Hts Rd.  
Arlington Heights, IL 60004

Antonia Ferraro  
622 Telegraph  
Marengo, IL 60152

Care Medical Supplies, Inc.  
219 South Illinois Street  
Bellville, IL 62220

Affinity Healthcare  
P.O. Box 2315  
Carol Stream, IL 60132

APTl Incorporated  
307 S. Milwaukee Ave., Ste 127  
Wheeling, IL 60090

CBCS  
P.O. Box 163250  
Columbus, OH 43216

Alexandra Hallam  
3110 Parkview Dr  
Marengo, IL 60152

Arlington Ridge Pathology, SC  
800 W Central Rd  
Arlington Heights, IL 60005

CCI Broadband  
P.O. Box 885  
Iron Mountain, MI 49801

Alexi J. Weber  
741 Chestnut Lane  
Marengo, IL 60152

Armor Systems Co  
1700 Kiefer Dr Ste 1  
Zion, IL 60099

Centegra Health System  
PO Box 1990  
Woodstock, IL 60098

Alexian Brothers  
1555 Barrington Rd  
Hoffman Estates, IL 60194

Arrow Septic & Sewer  
1704 Lamb Rd., Unit B  
Woodstock, IL 60098

Centegra Hospital - Woodstock  
3701 Doty Rd  
Woodstock, IL 60098

Charter Communications  
P.O. Box 3019  
Milwaukee, WI 53201

Dean Kekos  
1770 Park Street, Ste 205  
Naperville, IL 60563

Firstsource Fin Soluti  
1900 W Severs Rd  
La Porte, IN 46350

Chase  
Po Box 15298  
Wilmington, DE 19850

Directv  
P.O. Box 60036  
Los Angeles, CA 90060

Fox River Foods  
5030 Baseline Road  
Montgomery, IL 60538

Chase Auto  
201 N Walnut St # De1-10  
Wilmington, DE 19801

Discover Card  
P.O. Box 6103  
Carol Stream, IL 60197

Freedman Anselmo Lindberg & Rappe, LLC  
1807 W. Diehl Rd., Ste. 333  
Naperville, IL 60566

Cheryl Carlson  
16817 E. Coral Rd  
Union, IL 60180

Dsnb Macys  
911 Duke Blvd  
Mason, OH 45040

GE Money Bank  
P.O. Box 960061  
Orlando, FL 32896-0061

Citi Cards  
Processing Center  
Des Moines, IA 50363-0000

Edward Don & Company  
2562 Payshpere Circle  
Chicago, IL 60674

Gemb/sams Club  
Po Box 981400  
El Paso, TX 79998

ComEd  
Bill Payment Center  
Chicago, IL 60668-0001

Elisabeth Roth  
411 Maple St.  
Marengo, IL 60152

Harris N.a.  
Po Box 94034  
Palatine, IL 60094

Credit Management Control, Inc.  
C/O IL Energy Savings Corp.  
P.O. Box 1654  
Green Bay, WI 54305-1654

Enhanc Rcvry  
8014 Bayberry Rd  
Jacksonville, FL 32256

Holli A. Poplin  
527 W. Grant Hwy  
Marengo, IL 60152

Culligan  
P.O. Box 5277  
Carol Stream, IL 60197

Enhanced Recovery Corp  
8014 Bayberry Rd  
Jacksonville, FL 32256

Illinois Collection Se  
8231 185th St Ste 100  
Tinley Park, IL 60487

Dan Barry  
17604 Mallet Ct  
Union, IL 60180

Enhanced Recovery Corp.  
8014 Bayberry Rd  
Jacksonville, FL 32256

Illinois Dept. Of Revenue  
Lien Unit  
PO Box 19035  
Springfield, IL 62794

Danielle Julison  
3496 Millstream Rd  
Marengo, IL 60152

Facilitec  
3851 Clearview Court, Ste. A  
Gurnee, IL 60031

Inboden's Meats  
1106 N First St  
Dekalb, IL 60115

Internal Revenue Service  
P.O. Box 21126  
Philadelphia, PA 19114-0326

Lane Bryant Retail/soa  
450 Winks Ln  
Bensalem, PA 19020

Mea-Aea, LLC  
P.O. Box 366  
Hinsdale, IL 60522

J.A. Ketchmark, Ltd.  
12415 Hensel Rd  
Huntley, IL 60142

Laureen Buchanan  
1115 N. Hale St.  
Marengo, IL 60152

Merchants Credit Guide  
223 W Jackson St  
Chicago, IL 60606

Jodi M. Reed  
402 Prairie View Pkwy  
Hampshire, IL 60140

Law Offices Of Ira T. Nevel  
175 N. Franklin St., Ste 201  
Chicago, IL 60606

Michelle R. Lester  
520 Eisenhower  
Marengo, IL 60152

Just Energy  
35190 Eagle Way  
Chicago, IL 60678

M.D.C. Environmental Services  
P.O. Box 673043  
Milwaukee, WI 53267

Midwest Bank  
17622 Depot Street  
Union, IL 60180

Karen M. Proffitt  
17819 Jefferson  
Union, IL 60180

Maccarb  
4616 W Main St  
Dundee, IL 60118

Midwest Emergency Assoicates  
2000 Spring Road Suite 200  
Oak Brook, IL 60523

Kathy Kugler  
2351 Westfield Lane  
Belvidere, IL 60108

Magic Refrigeration, Inc.  
P.O. Box 136  
Wonder Lake, IL 60097

Moraine Emergency Physicians  
P.O. Box 8759  
Philadelphia, PA 19101

Kca Finl  
628 North St  
Geneva, IL 60134

Marengo Rescue Squad district  
110 Telegraph St.  
Marengo, IL 60152

Nationwide Credit, Inc.  
P.O. Box 740640  
Atlanta, GA 30374

Kelly Plumbing  
17603 Depot Street  
Union, IL 60180

Martin & Karcazes, Ltd  
161 N Clark St., Ste. 550  
Chicago, IL 60601

NCH  
P.O. Box 95698  
Chicago, IL 60694

Kohls/chase  
N56 W 17000 Ridgewood Dr  
Menomonee Falls, WI 53051

McHenry Radiologists Imaging  
P.O. Box 220  
McHenry, IL 60051

NCO Financial Systems  
C/O Midwest Bank And Trust Co.  
507 Prudential Road  
Horsham, PA 19044

Kristen Otten  
821 Chestnut Ct  
Marengo, IL 60152

Mcmahan & Sigunick, Ltd.  
412 S. Wells St., 6th Floor  
Chicago, IL 60607

Neopath  
520 E 22nd  
Combard, IL 60148

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

Perfection Landscaping  
16308 Harmony Rd  
Huntley, IL 60142

Ruben Salazar  
219 Locust St  
Belvidere, IL 61008

Nicor Gas  
P.O. Box 0632  
Aurora, IL 60507-0632

PJ Plumbing  
504 Congress Circle  
Roselle, IL 60172

Rubin Loyo  
219 E Locust St  
Belvidere, IL 61008

Norhtwesst Neurology, Ltd.  
1732 West Algonquin Road  
Arlington Heights, IL 60005

Plaza Bank  
7460 W Irving Pk R  
Norridge, IL 60634

Sam's Club  
P.O. Box 530981  
Atlanta, GA 30353-0981

Northwest Community Hospital  
800 W. Central Rd  
Arlington Heights, IL 60005

Portfolio Recvry And Affil  
120 Corporate Blvd Ste 1  
Norfolk, VA 23502

Sarah A. Latino  
505 Highland St  
Belvidere, IL 61008

Northwest News Group  
C/O Biehl & Biehl  
P.O. Box 87410  
Carol Stream, IL 60188

Professnl Acct Mgmt In  
633 W Wisconsin Ave Ste  
Milwaukee, WI 53203

Selena Liotta  
9014 Hunter Rd  
Capron, IL 61012

Northwest Radiology Associates  
800 W. Central Rd  
Arlington Heights, IL 60005

Radiological Consultants Of Woodstock  
36311 Treasury Center  
Chicago, IL 60694

Shaw Suburban Media  
P.O. Box 250  
Crystal Lake, IL 60039

Northwest Radiology Associates  
520 E 22nd St  
Lombard, IL 60148

Rec Room Furnitures & Games  
1316 Butterfield Rd  
Downers Grove, IL 60515

Silverleaf Club  
P.O. Box 359  
Dallas, TX 75221

Northwest Radiology Associates, SC  
520 E. 22nd St.  
Lombard, IL 60148

Reinhart Food Service  
251 Central Ave  
University Park, IL 60484

Small Business Administration - IL  
500 W Madison St., Ste. 1250  
Chicago, IL 60661

Northwest Sppech & Hearing Center  
880 West Central Rd., Ste. 4300  
Arlington Heights, IL 60005

Reinhart Food Service  
P.O. Box 395  
Oak Creek, WI 53154

Sprint  
P.O. Box 4191  
Carol Stream, IL 60197-4191

OSI Collection Services  
P.O. Box 959  
Brookfield, WI 53008

Rotech Healthcare Inc.  
P.O. Box 3112  
Southeastern, PA 19398

St. Alexis Medical  
3040 W Salt Creek Ln.  
Arlington Heights, IL 60005

Suburban ENT Associates, Ltd.  
1100 W Central Rd  
Arlington Heights, IL 60005

Village Of Union  
17703 O'Cock Rd  
Union, IL 60180

Supreme Lobster  
220 E North Ave.  
Villa Park, IL 60181

Walter Alarm Services, Inc.  
P.O. Box 522  
Crystal Lake, IL 60039

Susan Hansen  
6211 Maple St  
Marengo, IL 60152

Weltman, Weinberg & Reis Co., LPA  
323 W. Lakeside Ave., Ste. 200  
Cleveland, OH 44113

Susan L. Wise  
743 Duvall Dr.  
Woodstock, IL 60098

Wfnnb/express  
Po Box 330066  
Northglenn, CO 80233

Swedishamerican Hospital  
P.O. Box 4448  
Rockford, IL 61110

Swiss Maid Bakery  
104 E Brainard St  
Harvard, IL 60033

Sysco Food Services Of Chicago, Inc.  
250 Wieboldt Dr  
Des Plaines, IL 60016

Tru Green  
5667 Sandy Hollow Road  
Rockford, IL 61109

U.S. Food Service  
340 N Oakley Blvd  
Chicago, IL 60612

VCP Printing  
901 Algonquin Rd  
Algonquin, IL 60102

IN RE:

Case No. \_\_\_\_\_

Keramidas, Gus V & Keramidas, Vivian

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **4,460.00**

Prior to the filing of this statement I have received ..... \$ **4,460.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]

**N/A**

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**2004 examinations, contested hearings and adversary proceedings.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**September 1, 2009**

Date

**/s/ John E. Gierum**

John E. Gierum 0951803  
Gierum & Mantas  
9700 West Higgins Road Suite 1015  
Rosemont, IL 60018

john@gierummantas.com